

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

9964

1. PLACE OF DEATH
 County Scott Registration District No. 821 File No. 33
 Township Sikeston Primary Registration District No. 4553 Registered No. _____
 City Sikeston (No. _____) St. _____ Ward _____

2. FULL NAME Louisa Geyer
 (a) Residence. No. 303 S. Hardy St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 30-1840

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 5 23 _____

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

10. NAME OF FATHER Mr. Cuffman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER Jessie Tenn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1924

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 1924, to March 24 1924 that I last saw h. _____ alive on _____ 19____, and that death occurred, on the date stated above, at 5:15 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis due to Chapped

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Old age (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TESTS CONFIRMED DIAGNOSIS? Physical Exams
 (Signed) J. M. McArthur M. D.

3/25, 1924 (Address) Sikeston MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

14. INFORMANT Mrs. M. P. Terry (Address) Sikeston mo

15. FILED 4/24/24 1924 REGISTER J. M. McArthur

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetery DATE OF BURIAL March 24 1924

20. UNDERTAKER G. A. Sempster ADDRESS Sikeston mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.